

(06/2017)

**UNITED STATES DISTRICT COURT**  
**SOUTHERN DISTRICT OF WEST VIRGINIA**  
**AT** SELECT ONE:

GENBIOPRO, INC.

v.

**CASE NUMBER**

3:23-CV-00058

MARK A. SORSAIA, in his official  
 capacity as Prosecuting Attorney of Putnam  
 County AND PATRICK MORRISEY, in his

**This form applies to the above-entitled action only.**

**Select and complete the appropriate section of this form to update:**

- (1) your name and/or firm information;
- (2) to add your name as counsel of record;
- (3) to change representation within your firm; or
- (4) to remove your name from the court's service list.

**Withdrawal and/or Termination of Representation should be made in accordance with:**

**L R Civ P 83.4** Withdrawal and/or Termination of Representation

An attorney may withdraw from a case in which he or she has appeared only as follows:

- (a) By Notice of Withdrawal. A party's attorney may withdraw from a case by filing and serving a notice of withdrawal, effective upon filing, if:
  - (1) multiple attorneys have appeared on behalf of the party; and
  - (2) at least one of those attorneys will still be the party's counsel of record after the attorney seeking to withdraw does so.
- (b) By Notice of Withdrawal and Substitution. A party's attorney may withdraw from a case by filing and serving a notice of withdrawal and substitution, effective upon filing, if the notice includes:
  - (1) the withdrawal and substitution will not delay the trial or other progress of the case; and
  - (2) the notice is filed and served at least 90 days before trial.
- (c) By Motion. An attorney who seeks to withdraw other than under LR 83.4(a) or (b) must move to withdraw and must show good cause. The attorney must notify his or her client of the motion.

**NOTICE OF CHANGE OF ATTORNEY INFORMATION**

Christina L. Smith 7509

I, \_\_\_\_\_ hereby provide this *Notice of*  
*Name of Attorney and Bar Number*

***Change of Attorney Information*** to the Court and request the Clerk's Office to:

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**Please add my name as counsel of record in the above-entitled action only as follows:**

My firm/government agency, \_\_\_\_\_ has made an appearance in the above-entitled action. I request to be added as additional counsel of record for the following party(ies) on whose behalf my firm/government agency has already made an appearance.

Name of Party(ies) Represented:

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**Please change within-firm representation in the above-entitled action only as follows:**

My firm/government agency, \_\_\_\_\_ by \_\_\_\_\_ has made an appearance in the above-entitled action. I request to be substituted as counsel of record for the following party(ies) on whose behalf \_\_\_\_\_ has appeared and further request the court to terminate and remove \_\_\_\_\_ from the court's service list for this case only.

Name of Party(ies) Represented:

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**Please remove me from the Court's services list in the above-entitled action only.**

I do not wish to receive copies of any future orders, correspondence, motions, pleadings, notices, etc., and am notifying the court to remove my name from its service list for this case only. I will notify the Clerk of Court should this notice requirement change.

Further, I hereby absolve other counsel of record, if any exist, or pro se parties, from serving any future correspondence, motions, pleadings, notices, etc., upon me in this case only.

I am to remain counsel of record for the following party(ies):

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**Please update my name and/or firm information in the above-entitled action only as follows:**

Former name: \_\_\_\_\_

New name: \_\_\_\_\_

New firm/government

agency name: Powell & Majestro, P.L.L.C.

New mailing address: 405 Capitol Street Suite P-1200

City/State/Zip Code: Charleston, WV 25301

New telephone number: 304-346-2889

New fax number: 304-346-2895

New e-mail address: csmith@powellmajestro.com

(provide only if a registered CM/ECF e-filer)

Date: 1/25/23

Christina L. Smith

*s/ Electronic Signature*

State Bar number: 7509

Firm/Government Agency: Powell & Majestro, PLLC

Mailing Address: 405 Capitol Street, Suite P-1200

City/State/Zip Code: Charleston, WV 25301

Telephone number: 304-346-2889

Fax number: 304-346-2895

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